

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017163

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 1 1962

1003

4130

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		Length of stay in 1b 63 years	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 5830 Waterman		d. STREET ADDRESS (If outside, give location) 5830 Waterman	
3. NAME OF DECEASED (Type or print) First Middle Last Mary Mc Eachin Powell		4. DATE OF DEATH Month Day Year April 19, 62	
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7-7-1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Educational Director		10b. KIND OF BUSINESS OR INDUSTRY Museum St. Louis Art	
11. BIRTHPLACE (City and state or country) Panna, Illinois		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME William Wood Powell		13b. MOTHER'S MAIDEN NAME Sarah Mc Eachin	
14. NAME OF HUSBAND OR WIFE -		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. INFORMANT William W. Powell, 5830 Waterman (Zone 12)		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer urinary bladder		INTERVAL BETWEEN ONSET AND DEATH 10 months	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		1810	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from January 1956 to April 19, 1962 and last saw her on April 19, 1962		Death occurred at 10:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE W. Bauman		22b. ADDRESS M.D. 3720 Washington Blvd. St. Louis 8	
22c. DATE SIGNED 4/20/62		23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation	
23b. DATE 4-23, 1962		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Crematory	
23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri		24. FUNERAL DIRECTOR Alexander & Sons, 6175 Delmar Blvd.	
25. DATE RECD. BY LOCAL REG. APR 20 1962		26. REGISTRAR'S SIGNATURE Road Smith, M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. Walter Baumgarten Jr.
3720 Washington
Je. 3-6720

(In office: 2:30 to 4:30 P.M.)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. Allen Davis
Licensed Embalmer No. 4053

P. O. Address April 20, 1962

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

-- If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.